

Foster Family Home - Corrective Action Report

Provider ID: 1-190076

Home Name: Karren E. Caparas, CNA

Review ID: 1-190076-1

94-240 Kiaha Loop

Reviewer: David Ayling

Mililani HI 96789

Begin Date: 10/7/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 10/7/19. Corrective Action Report issued during home inspection with all items due to CTA by 11/7/19.

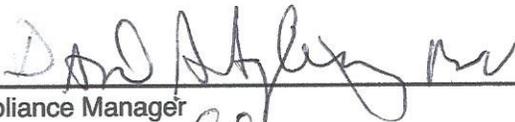
6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

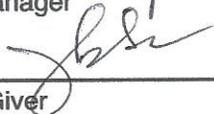
Comment:

8.(a)(1) - CG#2 and CG#3 do not have proof of fingerprinting first year.



Compliance Manager

10/7/19
Date



Primary Care Giver

10/7/19
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Karren Caparas

CCFFH Address: 94-240 Kiaha Loop Mililani, HI 96789

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	I received proof of fingerprints for CG#2 and CG#3	10/18/19	I will make sure all caregivers provide proof of fingerprinting before they expire. I will put in my calendar the expiration to make sure they won't lapse.

Primary Caregiver's Signature: 

Print Name: Karren Caparas

Date of Signature: 10-18-2019